



## APPLICATION FOR RECORDS RETENTION SCHEDULE

OFFICE OF THE SECRETARY OF STATE  
DEPARTMENT OF ARCHIVES AND HISTORY  
RECORDS MANAGEMENT DIVISION

INSTRUCTIONS: See Publication No. 76-RM-1 for instructions on completing this form. Forward signed original to Department of Archives and History, Records Management Division, 330 Capitol Avenue, Atlanta, Georgia, 30334, Attention: Scheduling Section.

FOR AGENCY USE		FOR RECORDS MANAGEMENT USE	
Application Date 5-6-81	1. Agency Address State Board of Workers' Compensation 1800 Peachtree St., N. W. Suite 400 Atlanta, Georgia 30309	Application Number <b>75-211-A</b>	
Application Number 75-211		Date Received <b>MAY 13 1981</b>	Date Completed <b>MAY 21 1981</b>
2. Person to Contact Burton Wamble		Working Title Director of Administration	
		Telephone Number 894-3334	
3. Action Requested a. <input type="checkbox"/> Establish Retention Schedule; record will continue to accumulate. b. <input type="checkbox"/> Dispose of present accumulation; no further accumulation anticipated. c. <input checked="" type="checkbox"/> Amend Application No. 75-211 Check One: <input checked="" type="checkbox"/> Change; <input type="checkbox"/> Supersede; <input type="checkbox"/> Void Approved 9-15-75			
4. Dates of Series Earliest 1968 Latest to date		5. Records Series Title (followed by title used in office, if different) Workers' Compensation Claim and Accident Files	
6. Division and Office Function What is the function of the Division and the Office in which this record series is created?			
7. Record Series Description This file contains the following documents (include form numbers and titles, if any): Attach samples of the file. Documents relating to: payments of compensation and medical expenses for work-related injuries.  Included are: SEE ENCLOSURE I   File is arranged: chronologically by calendar year closed, thereunder numerically by social security number using terminal two-digit primary group system.			
8. Monthly Reference Rate How often are records referred to which are: One to six months old 1,500 ; Seven to twelve months old 700 ; Thirteen to twenty-four months old 250 ; twenty-five months and older 80 ?			
9. Annual Rate of Accumulation of Records Letter-size drawers ; Legal-size drawers ; Shelves approx. ; Other (specify) 600 ft. open shelving			

YES	NO	10. Questionnaire (Place an "X" in the proper column)
X		a. Is this the official copy of the series? If not, where is it?
X		b. Does the series contain confidential information requiring security handling? If yes, cite law or regulation. Code Section 114-716 (b)
	X	c. Is this a vital record?
	X	d. Does this series have historical or long term research value?
	X	e. When one or two documents in the file make it necessary to keep the entire file for a long period, could these documents be scheduled separately?
	X	f. Is the information contained in this series ever published? If yes, attach copy.
	X	g. Is the information contained in this series ever analyzed and/or recorded in a summarized report? If yes, attach copy.
	X	h. Is there a duplication of this series in your office, or in another office or agency? If yes, where?
	X	i. Is this series (or a major portion of it) regularly microfilmed?
	X	j. Does the record series result in a computer printout?

#### 11. Retention Requirements

The following requires the series to be kept:

a. State Law	0	years.	d. Audit period	0	years.
b. Statute of limitation	2	years.*	e. Administrative need	to 9 1/2	years. **
c. Federal law	0	years.	f. Federal retention instructions		years.

Attach copy or excerpt of laws or regulations. Explain administrative need.

\* 114-305 (A). (Copy attached)

\*\* No statute of limitations for medical expense. Records may be reopened for medical expenses at anytime.

#### 12. Approved Disposition Instructions

This agency recommends that the file series be cut off at the end of each:

☐ Calendar Year; ☐ Fiscal Year; ☒ Other Calendar Year Closed then,

- ☒ Hold in the current files area 18 month(s) \_\_\_\_\_ year(s); then
- ☐ Transfer to local holding area; hold \_\_\_\_\_ year(s); then
- ☒ Transfer to State Records Center; hold 8 year(s); then
- ☒ Destroy.
- ☐ Transfer to State Archives for permanent retention.
- ☐ Other (Specify)

These instructions apply to all prior and future accumulations of the series.

Agency Head/Designee (Signature)	Date	Records Management Officer (Signature)	Date
<i>E. Earl Mallard</i>	5-6-81	<i>Burton M. Wamble</i>	
E. Earl Mallard, CHAIRMAN		Burton M. Wamble State Records Committee (Signature)	
Date		Date	
Recommendations in paragraph 12 are approved. (If disapproved, attach letter of explanation.)		State Auditor/Designee	5-19-81
		Secretary of State/Designee	5-18-81
		Attorney General/Designee	5-20-81



STATE  
OF  
GEORGIA

Application for  
RECORDS DISPOSITION STANDARD

OFFICE OF SECRETARY OF STATE  
DEPARTMENT OF ARCHIVES & HISTORY  
RECORDS MANAGEMENT DIVISION

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1593-02/9

1. Application Date <b>9/2/75</b>	INSTRUCTIONS: See separate instructions for completion of front and reverse of this form. Sign original and two copies and forward to Department of Archives and History, Attention Records Management Officer.	FOR RECORDS MANAGEMENT DIVISION USE Date Received: <b>SEP - 4 1975</b> Application No.: <b>75-211</b> Date Completed: <b>SEP 15 1975</b>	
2. Agency Application No.			
3. Agency, Division, Subdivision & Administering Office Address <b>State Board of Workmen's Compensation 499 Labor Bldg., 254 Washington Street Atlanta, Georgia 30334</b>		4. Person to Contact <b>Burton M. Wamble</b>	
		5. Working Title <b>Dir. of Admin.</b>	6. Tel. No. <b>656-2918</b>

7. ACTION REQUESTED

☒ ESTABLISH DISPOSITION STANDARD;  
RECORD WILL CONTINUE TO ACCUMULATE. ☐ DISPOSE OF PRESENT ACCUMULATION;  
NO FURTHER ACCUMULATION ANTICIPATED.

8. Earliest & Latest Dates of Series <b>1969 - present</b>	9. Exact Series Title <b>Workmen's Compensation Claim Files</b>
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10. What is the function of the office in which this record series is created?

**See Enclosure 1**

11. This file contains the following documents (include form numbers and titles, if any, and file arrangement).

**See Enclosure 2**

**ATTACH SAMPLES OF THE FILE**

2. EQUIPMENT OCCUPIED	No. of Drawers	Cu. Ft. of Records	ANNUAL RATE OF ACCUMULATION	No. of Drawers Cu. Ft. of Records			
				In Office(s)		In Storage Area(s)	
Letter-size File Drawers							
Legal-size File Drawers			Floor Space Occupied (Square Feet)				
Open-shelving		2061		This Year's	Last Year's	Preceding Year's	4. Prior Years
			AVERAGE DAILY REFERENCES				

## QUESTIONNAIRE Place an "x" in the proper column. If answer is "YES," please explain.

YES NO

13. Is this the Record Copy of the series? ☒ [X] ☐ [ ]
14. Is there a duplication of this series in another office or agency? ☐ [ ] ☒ [X]
15. Is the information contained in this series ever summarized or published?  
Attach copy of summary or publication. ☐ [ ] ☒ [X]
16. Does the series contain classified information requiring security handling? ☒ [X] ☐ [ ]
17. Does the series initiate, amend or terminate agency policies and procedures? ☐ [ ] ☒ [X]
18. Could the function be performed if the files were lost or destroyed? ☐ [ ] ☒ [X]
19. Is the series (or major portion of it) regularly microfilmed? If yes, why? ☐ [ ] ☒ [X]
20. Does the record series provide data as input to an EDP file? ☐ [ ] ☒ [X]
21. Does the record series contain documentation produced as EDP printout? ☐ [ ] ☒ [X]
22. Has the Federal Government issued instructions governing the retention/disposition of these files? ☐ [ ] ☒ [X]
23. Will there be a need for these records 10, 15 years from now? If yes, what? ☒ [X] ☐ [ ]

24. REQUIREMENTS. The following requires the files to be kept 12 years:

- a. ☐ [ ] STATE LAW    b. ☐ [ ] STATUTE OF LIMITATION    c. ☐ [ ] AUDIT PERIOD    d. ☐ [ ] FEDERAL LAW    e. ☒ [X] ADMINISTRATIVE DECISION    f. ☐ [ ] HISTORICAL VALUE  
(Cite Law, Statute, or other reason for the retention requirement)

Maximum payment period is 400 weeks from accident date. See Code Section 114-404 Et. Seq. may be reopened within two years after report of final payment. Code Section 114-709.

25. AGENCY RECOMMENDATIONS. This agency recommends that the file series be cut off at the end of each ☒ [X] CALENDAR YEAR ☐ [ ] FISCAL YEAR ☐ [ ] OTHER \_\_\_\_\_, then:

- ☒ [X] Hold in the current files area \_\_\_\_\_ month(s)/ 4 year(s):
- ☒ [X] Transfer to ☒ [X] State Records Center ☐ [ ] Local Holding Area; hold 8 year(s):
- ☒ [X] Destroy.
- ☐ [ ] Transfer to State Archives for permanent retention.
- ☐ [ ] Destroy immediately after cut-off.
- ☐ [ ] Other: (Specify)

(Indicate briefly rationale for recommendations above/or write additional remarks):

Records Management Officer (Signature)		Date	OTHER REQUIRED SIGNATURES		DATE
<i>[Signature]</i>		9/3/75	<i>[Signature]</i>		
26. Recommendations in paragraph 25 are:	Agency Head/Designee	<input checked="" type="checkbox"/> [X] Approved <input type="checkbox"/> [ ] Disapproved	<i>[Signature]</i>		
	State Auditor/Designee	<input type="checkbox"/> [ ] Approved <input type="checkbox"/> [ ] Disapproved	<i>[Signature]</i>		9-16-75
	Secretary of State/Designee	<input type="checkbox"/> [ ] Approved <input type="checkbox"/> [ ] Disapproved	<i>[Signature]</i>		9-5-76
	Attorney General/Designee	<input type="checkbox"/> [ ] Approved <input type="checkbox"/> [ ] Disapproved	<i>[Signature]</i>		9-11-75

STATE RECORDS  
COMMITTEE